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CASES OF UTERINE HEMORRHAGE ILLUSTRATING THE USE OF THE CURETTE.

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CASE I.—Twenty-four years of age, and mother of one child three years old, came under treatment about eighteen months ago. She had been suffering with metrorrhagia several months, which was generally brought on when she "strained herself" lifting any thing heavy or became much fatigued walking. She had been from time to time in the hands of a number of physicians, who believed the bleeding due to the presence of a fibroid tumor. By digital examination I found the womb somewhat enlarged, tender, indurated, and prolapsed; bleeding was caused as often as the sound was introduced into the cavity. Believing the hemorrhage came from fungoid growths, I made occasional intra-uterine applications of strong nitric acid. There was no bleeding generally from ten days to two weeks after an application, although during this time the patient might be exposed to causes that usually produced it. A longer time, however, hardly ever elapsed without its recurrence, and I at length determined to try the curette as a more efficient means for destroying the vegetations. After dilating the cervical canal sufficiently to admit its passage, I used Thomas's curette. With this I thoroughly scraped the endometrium and brought away small pulpy masses, which seemed to belong to the class of vegetations called *cellulo-vascular*. The operation gave rise

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to no inflammatory trouble, and the woman had no return of hemorrhage until within a few days ago, having enjoyed over a year of immunity.

CASE II.—Some thirty-five years old, and a multipara, was treated at City Hospital in the summer just passed. At the time of her admittance she had bleeding from the womb, and complained of pain and soreness through the pelvis and tenderness to pressure upon the hypogastrium. Digital examination revealed a uterus very nearly fixed, and marked induration felt through the upper part of the vaginal wall on all sides. The case was clearly one of subacute pelvic peritonitis, in which considerable fibrinous deposit had taken place. Ergot was given to control the hemorrhage, and Carson's croton-oil paint* applied over the hypogastrium to produce counter-irritation for the peritonitis. The ergot failed to do its work, though the abdominal tenderness was lessened in some measure by the treatment addressed to it. In spite of being carefully kept in bed, the patient continued to bleed at short intervals; and the loss of blood began to be so much felt as to call for more decisive measures for its arrest, and I determined to use the curette, but with misgivings as to consequences, for the case was by all rules a very unfavorable one for operative procedure of any kind. I could fortunately introduce the instrument without preliminary use of tents, as the os was patulous. I scraped the endometrium, as in

* R Olei tiglii	3 ij;
Iodinii	gr. xv;
Potassii iodidi	3 ss;
Tincturæ iodinii	3 ij;
Ætheris sulphurici fortioris...	3 ss.

Case I, and brought away masses similar to those described above, perhaps rather less in quantity. The operation seemed to give more pain than usually attends it, and this increased my fear about the result. I did not observe, however, that the inflammatory trouble was at all increased, and there was no return of hemorrhage up to the time of the patient's discharge, some two weeks afterward.

A few words just here about these fungoid growths may not be out of place. Olshausen, who appears to have given them special study, calls the condition in which they are present "chronic hyperplastic endometritis," and says that they differ from small mucous polypi in being flat and sessile, and in being scattered over a considerable space of endometrium. According to Olshausen, in a review of his article in the American Journal of Obstetrics, Vol. VIII, No. 3, "even if the finger has been unable to discover any unevenness, we are able to feel them distinctly by means of the curette, even in slightly-marked cases;" and further, that the operation of scraping them off "is attended by very little bleeding, which ceases in a day or so. The pain is very slight, and no anæsthesia is necessary. We continue scraping until no more masses come." "They are commonly from two to five minims thick, and of different sizes up to that of a finger-nail, all about alike in appearance."

These growths do not seem to me to possess any character distinguishing them from exuberant granulations in other situations. Certain anatomical peculiarities of the uterine mucous membrane, however, especially favor their development upon it; (1) the provision for blood-supply to this membrane is very abundant, and (2) it is firmly attached to the muscular structure of the womb, having no cellular basement membrane; and thus the tractility necessary to ready cicatrization in case of a break in its surface is almost entirely absent. The vessels supplying these vegetations, which grow upon an inflamed and easily-irritated structure, readily respond to any cause of irritation,

become turgid with blood, rupture, and thus give rise to hemorrhage. I believe these growths are the most frequent cause of metrorrhagia, and are therefore of high pathological importance.

CASE III.—A woman, thirty years of age, and unmarried, was admitted to the City Hospital last spring for *menorrhagia*. The "flow" was profuse, and she said it had gone on several days over her usual time. I ordered the usual treatment, including the administration of ergot. This only checked the hemorrhage slightly and for a short time. About the sixth night after her admittance she flooded profusely, and was in imminent danger. Injection of iodine was tried, but without success. She now admitted what she had persistently denied before—that she had had an abortion a few days before she came in. Digital examination revealed an enlarged uterus, and os sufficiently patulous to admit the point of my finger. By exercise of some force I introduced my forefinger to the fundus, and felt a mass of placenta, about half a square inch in surface, projecting. I failed to detach it with my finger-nail, and had to resort to the curette, with which I scraped it off piecemeal. In this case there was some hypogastric tenderness after the operation for several days, and a temperature elevated to 102° Fahr.; but the woman eventually recovered, and without return of hemorrhage.

The use of the curette is in appearance a rough and unsurgical procedure, and I believe the fear of doing direct injury or of exciting serious inflammation deters many from resorting to it in cases that urgently need it, and I have presented these cases with the view of doing something to show the groundlessness of the fear, as well as to emphasize the efficiency and the importance of the operation.

LOUISVILLE.

In the Georgia Medical Association Transactions Dr. Calhoun reports a case where he transplanted the conjunctiva of a rabbit to the eye of a young lady.

Reviews.

Transactions of the Medical Association of Georgia. Twenty-eighth Session, 1877.

These transactions form quite a handsome volume of two hundred pages, in which the following papers are contained:

President's Address, by Robert Battey, M. D.; Annual Oration, by J. S. Todd, M. D.; Report of the Section on Gynaecology for the First Congressional District, by J. C. LeHardy, M. D.; The History, Causes, Nature, Pathology, and Treatment of Yellow Fever, considering exclusively the epidemic of 1876, in Savannah, by J. C. LeHardy, M. D.; A Successful Case of Conservative Surgery, by J. C. LeHardy, M. D.; Snag Eight Inches Long Entering the Abdomen at the External Ring; extraction, recovery, by B. R. Dostor, M. D.; Amputation of the Leg for Extensive Necrosis of the Tibia, by T. F. Walker, M. D.; Transverse Rupture of the Uterus, by T. F. Walker, M. D.; Report of Cases, by George F. Cooper, M. D.; Some of the Evidences of Progress in Medicine, by John G. Westmoreland, M. D.; Defects of Hearing and Other Evils the Result of Enlarged or Hypertrophied Tonsils, and the urgent necessity for immediate treatment, in order to restore the ear and other organs to their accustomed functions, by A. W. Calhoun, M. D.; Synoptical Report of Ninety-six Cataract Operations, by A. W. Calhoun, M. D.; Successful Transplantation of a Rabbit's Conjunctiva to the Human Eye for the Relief of a Deformity, by A. W. Calhoun, M. D.; Acute Rheumatism, Invading Two Weeks after Parturition, Attended with Suppuration; recovery, by Wm. R. Burgess, M. D.; Report of the Section on Surgery for the Sixth Congressional District, by D. W. Hammond, M. D.; Reminiscences from the Case Book of Memory and Surgical Report for the Seventh Congressional District, by Charles P. Gordon, M. D.; Ligature of the Primitive Carotid Artery on the Left Side, by R. M. Smith, M. D.; A Comparison of the Different Methods of Treatment of Stricture of the Urethra, by J. Thad. Johnson, M. D.

The papers generally are quite creditable. We will refer to individual articles in a future issue. The next meeting of the Association will be held in Atlanta, on April 17, 1877.

THE gentleman who made inquiry in this journal for a physician to go to Kansas requests us to say that the place has been taken.

Correspondence.

To the Editors of the Louisville Medical News:

On August 31st last I attended Mrs. M. in her fourth labor, which was perfectly natural and easy. At four P. M. a well-developed child was born. The child was very livid and languid, and its respiration was so imperfect that fully half an hour elapsed before normal breathing was established. Through the succeeding night the child was very restless, and had decided fever. Warm water injections were used to evacuate the meconium, and small doses of potass. bromid. administered. In the morning it was free from fever, and seemed bright and well. About four P. M. of the second day the child became again very feeble, its respiration very irregular and well-marked; fever ensued, accompanied by several convulsions during the night. In the morning very much better, and only slight fever remaining. At four P. M. of the third day all the symptoms recurred as on the preceding day, followed by subsidence the next morning. On the fourth day I gave antiperiodic doses of quinine, and there was no return of any of the symptoms. The child has since remained well.

Is it not possible this child was born in the midst of an ague paroxysm? The history of the case certainly seems to warrant such an opinion. The mother had been in good health during gestation, except that on two occasions she took quinine to get relief from intermittent headache.

R. C. H.

LOUISVILLE, September 29, 1877.

Miscellany.

ANÆSTHETICS IN MIDWIFERY.—Dr. L. P. Yandell has a paper in the last volume of the Transactions of the Kentucky State Medical Society on this subject. It is a plea for the use of anæsthetics in ordinary cases of labor. He expresses the belief that

the practice is not general, and that women suffer, therefore, a great amount of unnecessary labor-pain. One of his correspondents, at least, agrees fully with the author of the paper referred to. Dr. E. T. Easley, of Little Rock, in a letter to Dr. Yandell a few days since, says: "I am much pleased with your views of anæsthetics in labor. For the last two years it has been my habit to administer an anæsthetic to every woman the subject of tedious labor who wished it or would accept it. Chloroform is the only agent of this class that I ever give by inhalation, and I hold with the Edinburgh School that any patient fit to be operated upon ought to have chloroform. I am preparing the address on Surgery for the next meeting of our State Society, and shall have something to say of the modifications of the process of anæsthetics."

In this city last week an officer of the health board endeavored to display the yellow flag from a house where there was a child ill with small-pox. The mother of the child not only resisted the officer, but exposed the child in the street. She was arrested and taken before the police judge, where a jury fixed her punishment in \$500 fine. The ordinance directs a fine of not less than \$100, nor more than \$1,000 for such an offence.

POISONING OF A CHILD BY NICOTINE.—Dr. Thomas, deputy-coroner for Central Middlesex, held an inquiry on Tuesday as to the death of Arthur George Stevens, aged three years, of Spencer Road, Highgate Rise, who, it was alleged, had died from nicotine, sucked from a foul, wooden tobacco-pipe. The father said that on Saturday week deceased was playing in the yard with other children, who were blowing soap-bubbles. He gave deceased a new clay pipe, which he soon broke, and he returned for another. He then took down from a shelf, where it had been for more than a year, an old wooden pipe, which he washed and handed to deceased, observing that he would not

break that. Deceased was quite well at that time. In an hour afterward he became sick, and vomited very much, afterward becoming very drowsy and pale. On Sunday he was worse, and castor-oil was administered, and he was put to bed. After a very bad night, he was very much worse on Monday, and in the evening witness went to Dr. Rawlins's surgery for advice. The child, however, continued to grow worse, and died at ten on Wednesday evening. Dr. Rawlins, of Highgate Road, said deceased was suffering from narcotic poison when he first saw him. He was easily aroused, and could then answer questions. All the symptoms were consistent with narcotic poisoning from tobacco, and the death was undoubtedly from imbibing nicotine contained in the old wooden pipe which deceased had sucked. Two drops of pure nicotine would kill a man, and one drop would kill a large dog, and a very small quantity would be sufficient to kill a child. The deputy-coroner observed that this case should be a warning to smokers not leave their old pipes about. A verdict in accordance with the medical evidence was returned.—*British Med. Jour.*

AN HONEST DRUNKARD.—The Criminal Court was opened by Judge Sands in a creditable style, as reported through your paper, but no business was transacted, because Judge Sands failed to sustain his judicial and personal dignity. There was much bad feeling manifested at one time toward the young and gifted judge, until he came into court and said: "Gentlemen and fellow-citizens, I appear before you to say I am a victim to a vice which has disgraced me before you and my country. As I entered this court-room I heard some one say, 'There goes pretty timber to make a criminal judge of.' I feel that remark as steel through my heart, for it is just. I am unworthy of the high honor and trust you have conferred upon one so young, and I return to you the office I have lost, being unworthy of it. Pardon me, friends and countrymen, but you shall bear

this no longer. My judicial integrity and official acts are blameless. Thank God I am no longer criminal judge of Lewis County. May Heaven help me in my affliction!" Such an eloquent and feeling appeal was never heard here before. Prejudice was turned to sympathy, and sympathy to compassion, for Judge Sands. He has a warm place in our hearts, and we hope he will return to us reformed.—*Cor. Cin. Gazette.*

ARSENIC IN WALL-PAPERS AND DRESSES.—Of fifty samples of wall-paper recently examined by Prof. A. P. Kerley, twelve were found to contain arsenic. The arsenic was present either as arsenite of copper or aceto-arsenite of copper. Two samples, not reported, which contained no green color, were found to contain arsenic; and several papers with green figures contained no trace of arsenic. Six samples of green tarlatan, all that were tested, were found to contain large amounts of aceto-arsenite of copper. The higher the price paid, the more arsenic was found. The green coloring-matter was held more firmly to the fabric by means of gum arabic and starch. From the results tabulated it appears that a room sixteen feet square and nine feet high will have spread upon its walls, provided that any of these papers are hung, from fifty-two grains to more than eight ounces of poisonous green coloring-matter. We may also calculate that a green tarlatan dress of sixteen yards will contain nearly five and one half ounces of this same dangerous "Paris green." The remedy is simple: be careful not to buy such wall-papers or dresses.—*British Med. Jour.*

INCOMPATIBLE.—L. E. Sayre writes to the Philadelphia Reporter: Iron and arsenic is such a favorite combination with the profession that the writer is induced to call their attention to a case in which the combination, frequently of late prescribed, is, doubtless, entirely incompatible. He refers here to that of dialyzed iron with Fowler's solution. It is well established that this prepar-

ation is a solution of ferric hydrate, in water, containing the minimum per cent of ferric chloride to produce a permanent solution. Now, when the alkaline solution of arsenic is brought into contact with a well-prepared dialyzed iron, a gelatinous precipitate of ferric peroxyhydrate is the result. We know this oxide of iron, especially when freshly precipitated, is one of the best antidotes for arsenic, producing an inert arseniate of iron. Therefore, if the effect of the solution of arsenic and iron is desired in this recipe, it is undoubtedly the truth to say it is a failure, for they are incompatible; but if arseniate of iron and peroxide of iron is desired—which the writer does not believe—then the expectation of the physician will be realized.

AN ITALIAN TRIBUTE TO SIR WILLIAM FERGUSON.—England has lately lost a great surgeon, and science has had eclipsed forever one of its brightest lights in the death of Sir William Ferguson. It may be said of him that he was a surgeon born. Few equaled him, and probably no one surpassed him as an operator. His skill was something extraordinary. Hand, eye, and brain moved and acted with him in unison, nature having endowed him with rich gifts, in this regard, which no art or special preparation could have possibly created. However much it may seem a paradox to the unprofessional reader, it was true that it was a great opportunity to see him operate, as it was a struggle with him between human weakness and courage.

There was, on the one hand, suffering and pain, and on the other hand, judgment, skill, and courage to alleviate and remove it. His hands were endowed with strength, delicacy, and sensibility, and his muscular sense was perfect.

Like many of his predecessors, Sir Astley Cooper, for instance, and William Lawrence, Ferguson had the aspect of dignity and command expressed in the gentlest lineaments, and his large black eyes glistened with benevolence and sweetness.

He was never in a hurry. He affected no kind of mannerism; his firmness and self-confidence imparted an indescribable moral support to his patient, whom he always addressed before his operation with a few words of sympathy and encouragement, accompanied with a gentle smile and a peaceful glance from his great black eyes. The patient thus rendered insensible to pain, he executed the work before him with a delicacy and decision which always revealed the master's hand.

But to say that Ferguson was an excellent operator is only to repeat what every one knows, and is only a fragment of the eulogy which is his due. He was enterprising, safe, practical, and eminently conscientious as a surgeon, as he was of sound sentiment and much modesty as a man. Firmness of character, of mind, and of undertaking, conjoined with keen perceptions, and a grand experience, made him a safe surgeon, while his designs, methods, and principles, with his mechanical skill, made him a great surgeon, the practical surgeon, *par excellence* of our times. He did not possess the genius of Syme, who, however, had less love of operations, due probably to his intellectual force and concentration of character; but Ferguson was, as Syme has said, the last of an illustrious line of men whose connection with the Edinburgh School constituted an epoch in its history.

Ferguson left behind him a great name as a surgeon, and his disciples, like Lister, will use it as a standard of comparison when they come to pass upon the merit of an operator. In his teachings he carried in the front the banner of practical and conservative surgery. With his own hands he did a world of good to suffering humanity, and the practical value of each of his works will hand down his name to his successors as well as to those of his contemporaries who never met him.

His first publication was his "Practical Surgery," a work which, in a very short time, reached the fifth edition, and soon established his reputation. Among the operations which obtained him merited fame,

special mention should be made of those for vesical calculus and fissure of the palate. In 1834 he devised the keyed lithotrite which substituted the crusher of Heurteloup. In 1845 he exhibited to the Medico-Chirurgical Society his operation for cleft palate, and by means of dissections demonstrated that the obstacle to success lay in the muscular action of the elevators of the palate, to divide which was the first step to secure union of the borders. A few years sufficed to furnish the most splendid results in fissures complicated by cleft in the bone. This method, which was proposed almost at the same time by Dieffenbach, consisted in approximating the osseous borders, paring them and uniting them by sutures. In 1845 he renewed upon the field of surgery the operation of excision of the head of the femur in cases of incurable disease of the coxo-femoral articulation. In 1847 he undertook the operation of extirpating the entire scapula in a case of extensive disease of the bone, when amputation of the arm had already been decided upon, obtaining a good result. In 1850, extending his principle of conservative surgery, he directed his attention to the surgery of the tibio-femoral articulation, effecting a great revolution in the treatment of this joint. In such cases he greatly reduced the number of amputations of the thigh by resorting, in favorable cases, to excision of the joint. To give an idea of the great opposition he encountered in this innovation, I recall the occasion when he stood ready to perform it in the amphitheater of King's College Hospital, when one of his surgical colleagues publicly protested against it. Ferguson administered a quiet reproof to his impertinent colleague and proceeded with his operation. In 1864-65 he gave a course of lectures in the amphitheater of the College of Surgeons, on the progress of anatomy and surgery in the past few years. These lectures were published in a volume which is highly prized by all practical surgeons.

These were the last works of Sir William Ferguson. It was in September, 1875, that

the first indications of bronchial irritation came to sadden his days of vacation in his beautiful country home at Spittlehaugh, in the county of Peebleshire. The disease relaxed at intervals, but only to become gradually more and more severe, until at last dyspnoea and cough robbed him of sleep. Delirium now supervened, and on the night of February 10th he ceased to live.—*Trans. in Cincinnati Lancet and Observer.*

Selections.

Treatment of Gall-stones.—From a paper on Chole-lithiasis, by Dr. John A. Ochterlony, read before the Kentucky State Medical Society, and published in the Transactions for this year, we make the following extract in regard to the treatment:

"The therapeutic indications are two-fold; viz., (1) to relieve the patient during the attack, and (2) to prevent its recurrence. To accomplish these objects it is not always easy; and, as in almost every exigency, there is ample scope for the exercise of sound judgment and nice discrimination in the selection of means and methods appropriate to the particular case in hand.

Hypodermic Morphia.—"The agent that in my hands has been most uniformly efficacious for the relief of pain and prevention of shock to the nervous system is morphia. I have also thought that it tends to shorten the paroxysm as well as to lessen its severity. It should be administered hypodermically. I usually give from one fourth to half a grain, and I repeat this every hour or two till the pain is relieved. The earlier in the season it is resorted to the more certain it is to afford speedy relief.

Chloroform for solution of Gall-stones.—"Chloroform is also given internally with the view of causing the rapid solution of the gall-stones *in situ*. Its administration in this way is based upon the fact that chloroform is a powerful solvent of cholesterin calculi out of the body, and upon the supposition that it is not changed in the blood, and passes from this fluid into the gall-badder, where its solvent action is exerted upon the contained calculi.

"One is inclined to reject at once this theory of its action as highly improbable; for it is indeed difficult to believe that a quantity of chloroform sufficient to dissolve these calculi *in situ* can be safely administered to a patient, even if the passage of the volatile liquid into the gall-bladder were at all proved.

"In a recent article on this subject Dr. Hayden,

of Dublin, confirms by his results the opinion I have expressed about this remedy, and declares that hypodermic injections of morphia are more efficacious than the inhalations of chloroform.

"Opiates should never be given by the mouth or in solid form for the relief of gall-stone colic.

Chloroform for Pain.—"In some cases that I have treated the pains were so atrocious that morphia was inadequate to allay them, and the administration of chloroform is then the best alternative. It may be given simply for the relief of pain and to induce such relaxation of the tissues as to thereby facilitate the passage of the gall-stone, and then the best method of using it is by inhalation. But the paroxysm may be so protracted as to make the continued inhalation of chloroform not only inconvenient, but absolutely unsafe, and I have more than once been compelled to discontinue its use on such account.

"Dr. Buckler, of Baltimore, has adhered to this treatment for over twenty years, and declares that he has invariably found it trustworthy and successful. He gave a *teaspoonful of chloroform internally every hour while the pain lasted, and a teaspoonful after each meal for five days longer, and saw a large calculus in the gall-bladder melt away under its use, so that at the end of this period the tumor had disappeared.*

"Dr. John Barclay, Physician to the Infirmary, in Leicester, England, gives the same *modus operandi*, and entertains the same high opinion of the value of chloroform administered internally in this disease, and declares that he has found it to give invariable and permanent relief in many instances. But his good results were obtained with much smaller doses than those given and advised by Dr. Buckler; two or three drops three or four times a day being all he gave. In my experience these large and frequent doses of chloroform produced alarming symptoms, and I have never been able to give them with the freedom recommended by Dr. Buckler. The smaller doses I have found utterly without effect.

The hot Bath.—"The general, prolonged hot bath I have sometimes found of signal benefit in producing relaxation and relieving pain; but it is often inconvenient, and perhaps as often impossible of access. Surrounding the patient's waist with a folded sheet wrung out of hot water will sometimes give relief, and in several instances I have found the application of leeches speedily effectual when every thing else had failed.

"Jaccoud states that general blood-letting has in several cases been followed by sudden cessation of spasm of the ducts and subsidence of the attack.

Emetics.—"Emetics are often resorted to by the patient himself on account of the nausea and retching, which induce him to believe that if he could only vomit freely, the pain, as well as nausea, would

cease. But emetics ought to be rigorously proscribed; for if they do favor the progress of the gall-stone by provoking more powerful contractions, they are also likely to produce rupture of the ducts.

Purgatives.—"When the paroxysm is over I believe the administration of a purgative, such as castor oil, is advisable, and hastens the ejection of the gall-stone.

To prevent the Recurrence of Gall-stone.—"In order to prevent the recurrence of the paroxysms at least two conditions must be fulfilled: (1) Any gall-stones remaining in the gall-bladder must be dissolved; (2) Formation of new concretions must be prevented.

Influence of Ether.—"The well-known solvent powers of ethers upon cholesterin was supposed to be active within as well as out of the gall-bladder. Upon this principle the treatment for gall-stones by means of Durande's remedy was based. Trousseau, while rejecting the theory, accepted the remedy, which is composed of ether. sulph. \mathfrak{z} iij, ol. terebinth. \mathfrak{z} ij. Dose, \mathfrak{z} ss in the morning, and gradually increased until about a pound of the mixture has been taken. At present this medicine is little used on account of its disagreeable taste, which soon becomes loathsome to the patient. I have never prescribed it.

"Success in preventing future paroxysms must depend upon our ability to arrest the formation of new concretions, and to facilitate the expulsion of those already formed.

"So long as gall-stones remain in the gall-bladder the liability to future paroxysms of colic continues, and this must be clearly explained to the patients. When our efforts are adequately seconded by the patient, a cure can generally be effected so that no new gall-stones will be formed.

Food.—"The patient's food should be plain but nourishing. Highly-seasoned viands, malt liquors, fats, sweets, and rich soups must be interdicted. He should eat moderately at short intervals, not less than three meals a day. He should take active exercise by walking; all other exercise is inferior to this. So long as any calculi remain in the gall-bladder he should not indulge in violent exertions, such as running, wrestling, etc. His daily life must be regulated with the view of establishing rapid and perfect tissue change, perfect combustion, and complete and speedy elimination.

"Dr. Buckler, in the paper already mentioned, suggests that any remedy capable of preventing the formation of gall-stones must be a highly oxygenated compound, and further states that the difficulty of dissolving cholesterin by any other substance than ether and chloroform grows out of the fact that cholesterin contains a very small amount of oxygen—from one and a half to two per cent—which is less than that of almost any other substance.

Succinic Acid and Peroxide of Iron.—"He proposed succinic acid and peroxide of iron on account of the large amount of oxygen contained in both of them, and had them made into a hydrated succinate of peroxide of iron. It should be taken for six months continuously at least, according to the following formula:

"R Hydrated succinate of peroxide of iron..... \mathfrak{z} jss;
Distilled water..... \mathfrak{z} vjss.
S. Teaspoonful after each meal.

"I have used this salt according to this formula, as prepared by my friend, Prof. E. Scheffer, of the College of Pharmacy in this city, and in almost every case with complete success.

Mineral Waters.—"It has also been my practice to put the patients upon a course of Carlsbad water. Vichy or Marienbad waters have also been used with benefit. These waters are imported by Mr. Chas. L. Diehl, of this city. Artificial mineral waters of good quality are made by Wm. Springer & Co., and I have often prescribed them with excellent results. It is difficult to say how they act. At Carlsbad, patients who drink the waters often begin, without pain, to pass gall-stones whose existence they had never suspected.

"As insufficient alkalinity of the bile and the prolonged stay in the gall-bladder of that fluid favor the formation of gall-stones, it is possible that these alkaline waters become remedial by provoking a more active and abundant percolation of highly attenuated and hyper-alkaline bile, which will prevent the deposition of bile pigment and the formation of calculi.

"The action of these waters upon catarrhal states of the mucous membranes may also have a share in their good effects in this disease, which so frequently depends upon catarrh of the gall-bladder. Whatever their *modus operandi* may be, their curative value is undisputed.

Muriate of Ammonia.—"In my earlier cases I relied on a remedy that was employed with much advantage by the late distinguished Dr. Lewis Rogers, of this city:

"R Ammoniz muriatis } aa \mathfrak{z} ss;
Ext. taraxaci..... }
Aqua..... \mathfrak{z} vj.
M. Dessertspoonful *ter in die*.

"About four or five years ago Schiff, of Germany, suggested that gall-stones are formed of cholesterin, not because this substance is formed in too great abundance, but because the bile is deficient in principles which maintain it in solution; these are soda and potash salts of cholic and choleic acid. Schiff therefore recommended that eight grains of choleate of soda be given twice daily, and increased unto saturation, as indicated by irregularity of the pulse,

which becomes slow during repose and accelerated by the least effort. The dose may then be diminished, but not entirely suspended. It should be kept up at least a week to produce amelioration of leading symptoms.

"Dr. Dabney, of Virginia, has recently published some cases fully bearing out the previous dicta of Schiff. While on my eastern tour last summer I procured some capsules of the cholate of soda for a patient, but it so soon gave rise to gastric disturbance that we were glad to return to the use of succinate of the peroxide iron with Carlsbad water."

Compression of the Aorta in Post-partem Hemorrhage.—There have been frequent occasions in the past thirty years on which I have put my patient out of danger, in hemorrhage from the uterine inertia, by compressing the aorta. Within the last four years I have met with three notable cases, in which by this method I am confident I have saved each patient's life. In one of them the pulse failed at the wrist—even the aortic pulsations were very feeble and irregular; the vision was affected; the face became white and clammy, and those deep yawns, so characteristic of a great loss of blood, took place. I think here, that even with complete compression of the aorta, my patient would have perished, but for the great lowering of the head and shoulders which I effected.

My last case occurred four weeks since. She was a primipara. The labor was nothing remarkable, the perineum was but little torn, and the placenta came away readily. I was sitting with my right hand upon the reduced uterus, gripping it more or less, for the organ did not contract well, yet it was not too large for the occasion. While my attention was for a moment occupied with the baby, the mother asked to smell camphor. Turning my attention toward her, I found that she was very pale, breathing hurriedly and her pulse had run up above one hundred. Further examination disclosed a pool of blood, that was toppling over the edge of the bed, wetting the skirt of my coat and running into my side pocket. Plunging my hand into the vagina, I found no clots, nor any in the uterus, but the organ was as soft as soaked paper. I at once arrested the aortic circulation, applied ice, gave an ounce of the wine of ergot, which I had at hand, lowered the head, and applied my fingers to the internal surface of the womb, to excite contraction. My practice seemed to be successful in securing due contraction, and as the bleeding was arrested I applied a bandage firmly with a compress; gave an additional half ounce of ergot and went into another room for a rest. In half an hour the bleeding recommenced, so that I was obliged to remove the bandage and repeat my measures. In a short time all the inordinate flow ceased, but as the uterus seemed to be too flaccid for safety, I determined to inject the cavity

with a solution of persulphate of iron, and went away for my apparatus. However, finding on my return no bleeding, I did not practice it.

I have not had time to look up to a full extent the opinions of systematic writers on this method of treating post-partem hemorrhage, and will only offer such as I have at hand. Cazeaux quotes Baudolocque and d'Ornellas in its favor. Hodge says it can not be relied upon alone, but is valuable as an adjuvant. Barnes favors it as an extreme resort and quotes Ulsaner and others, also, for its value. Kirwisch, he says, does not place much value upon it because the ovarian arteries not being compressed, as well as the aorta, the fatal hemorrhage may still go on. Bedford speaks well of it, and Byford also. Leischman thinks the most weighty objection to the practice is obvious in the fact that the source of the bleeding is not so much in the curling arteries of the uterus as in the venous sinuses, so that aortic compression can not be supposed to exercise a very decided effect; that it is not possible to compress the aorta without also the vena cava, so that the blood returning from the lower extremities by the cava would, on account of its compression too, regurgitate through the uterine veins. Jacquemier objects to the practice for the same reason.

This objection is groundless; for, in the first place, it is perfectly easy to compress the aorta without interrupting the flow upward through the cava; next, the *vis a tergo* being arrested, the venous movement is reduced to a minimum from below; lastly, the venous valves in the internal iliacs cut off all backward entrance of the blood into the uterine veins, which have no valves. As to the ovarian arteries, which leave the aorta above the usual point of compression, they are too small to allow the passage of a dangerous quantity of blood to the uterus under the circumstances; besides, as they lay on the aortic surface for some distance below their origin, I think they are compressed with the aorta.

The fact remains at any rate, that with the arrest of the aortic circulation, which is as easily effected as that of a radial artery, the uterine hemorrhage at once ceases; a mere drain continues for a short time, and the organ, no longer surcharged, yields readily to other means employed to secure its contraction. There is no longer much possibility of a patient perishing in uterine inertia if the method now urged is adopted.

It is to be remembered, though, as Hodge says, that it is an adjuvant. Let no one forget, especially, to lower the chest and head—for though the bleeding may have been stopped, the vital juice may be insufficient to maintain innervation of the brain and medulla oblongata, unless the posture of the patient favor its accumulation there.

There is one distressing symptom in compression

of the aorta which no writer has alluded to, but which must always exist when the blood supply is cut off from an organ, and that is the pain from anæmia of the nerves and muscles of the hips and legs. This is so intolerable that the sufferers sometimes have with loud cries implored me to take my pressure off and let them die; such was the agony in the legs. Any one who has ever encountered an embolism of a great artery of supply to an organ, *e. g.* the arm, knows how much suffering is expressed by the patient.

There is no anæsthesia nor loss of motion in the legs from the procedure, because the point of pressure of the aorta is below the origin of the cauda equina, and thus the blood supply to the spinal centers is not interrupted; it is the anæmia of the fibers of the nerves that give so much pain.

Is there any danger of a thrombus at the point of pressure? None I think, because thrombi are not likely to be developed in a vessel whose tissues are healthy, and there is no need of compression to such an extent as to involve the integrity of the aorta walls. The point of pressure chosen by me is a little above the umbilicus, using the ends of three fingers in an oblique line to the left, so as to avoid the vena cava. The complete arrest of the circulation is proven by the cessation of the pulse in the femoral arteries. I have tried on every occasion in such cases to instruct the nurse in the method, for an emergency when the physician can not be reached; and on one occasion it has been the means of saving a patient from great danger, at least the nurse has assured me that a doctor in a case had told her so.

It is well to make mention that pressure continued for some time is fatiguing, and we lose consciousness of the amount of force employed, for the continued muscular tension impairs the "muscular sense," though not the tactile sense. (I think in such cases the differentiation of the muscular and tactile sense is plain.) Any bystander, by some pressure on the hand of the practitioner, gives great relief to the muscular strain.—*C. G. Comegys, M. D., in Cincin. Lancet and Observer.*

The Treatment of Thrush.—In the treatment of thrush it is necessary to remember that certain affections of the digestive organs producing defective nutrition, and the inflammation of the buccal mucous membrane, with increased acidity of its secretion, are the conditions favorable to the development of the cryptogam (*Cryptothrix buccalis* and *oidium albicans*) which constitutes the affection. One ought, therefore, to direct his treatment as much to the general as to the local condition.

According to Blacke, when the general state is good, it will suffice to touch the mucous membrane several times a day with the finger or a brush dipped in the following wash:

R Pure glycerine 30 grammes;
Alum 5 grammes.

Besides we may employ intra-buccal irrigations of Vichy water, either pure or diluted with one fourth of milk or of a decoction of rhatany.

Trousseau advises mouth-washes composed of borate of soda and honey of roses, of each 15 grammes; or chlorate of potash, 5 grammes; honey of roses, 15 grammes. We may with advantage replace the honey of roses with syrup of rhatany. Lastly, in obstinate cases, he practices cauterization with nitrate of silver.

R Argenti nitratis 1 gramme;
Aque destil 15 grammes.

But this solution blackens the teeth. We may substitute for it a solution of sulphate of zinc or copper, which has not the same drawback. Bretonneau used to employ a topical application of calomel mixed in gum arabic. See rubbed all the diseased points with a coarse rag, then bathed with the following:

R Glycerine 40 grammes;
Starch } aa 50 centigrammes.
Borax }

West recommends a similar formula, for he does not use the preparation in which he finds the honey liable to ferment:

R Borax 2 grammes;
Glycerine 4 grammes;
Water 30 grammes.

He applies this mixture with a soft rag after having carefully washed the mouth with hot water. In the obstinate forms he cauterizes with nitrate of silver, 10 centigrammes of the nitrate in 30 grammes of water.

Parrot, in cases of thrush, often employs a mixture of equal parts of honey of roses and borax. He also recommends this wash:

R Glycerine } aa 15 grammes;
Honey of roses }
Chlorate of potash 6 grammes.

Then every two or three hours he administers a teaspoonful of a mixture of equal parts of *eau sucre* and Vichy water.

Muller recommends the use of salicylic acid as a wash:

R Salicylic acid 1 gramme;
Glycerine 20 grammes;
Water 80 grammes.

Dissolve in the glycerine and add the water.

Green formulated a creosote gargle for thrush. Lastly, we recall that it has been proposed to destroy the *oidium albicans* by means of insufflations of sulphur or of pulverizations of sulphurous water. Thevenot says that sulphur sublimed and washed, applied with a brush, is of remarkable efficacy.—*Dr. E. Ory, in La France Medicale.—Canadian Journal.*

The Immediate Cure of Drunkenness.—Dr. Z. Collins McElroy reports (Cincinnati *Lancet and Observer*, July, 1877) a case of chronic drunkenness cured in a few days by a peculiar method of treatment. As the evil of intemperance is attracting great and increasing attention we give a condensed summary of the method of treatment and its results.

The patient, P. B. A., was a lawyer, aged fifty-seven, married, had a grown-up family, had been a drinker for forty years; had sacrificed home, property, business, health, and professional reputation to his appetite; had considerable abdominal dropsy at the time he was put under treatment. Dr. McElroy was visited by Dr. McKinley, formerly of St. Louis, who has followed the treatment of inebriates as a specialty for many years with great success. The patient was placed under Dr. McKinley's treatment, and the case was carefully watched by Dr. McElroy.

Treatment commenced Sunday evening, December 10th, 1876. The patient was put to bed and his clothing removed from the room. He was furnished a pint of good whisky and told to take what he desired during the night.

December 11th, morning: Pint of whisky about gone; to have another pint of whisky. During the day he drank some coffee and had eaten some ham and bread; to have mush and milk for diet. Evening: Patient still in bed; to have all the whisky he desires during the night. Dr. McKinley gave him a drachm of Howard's hydro-sublimate of mercury (simply pure calomel), dry upon the tongue, washed down with a tumbler of whisky; patient to remain in one position in bed, so far as possible; pulse very feeble; eats very little.

December 12th, morning: Patient had three copious discharges from bowels during the night; pulse good, about one hundred, skin soft and moist, feels very comfortable. At six o'clock A. M. Dr. McKinley gave him a drachm of Squibb's powdered ipecac mixed with licorice, dropped dry on the tongue, washed down with whisky. To have all the whisky he wants during the day; mush and milk diet. Evening: Has had four more operations of the bowels. Dr. McKinley gave him two scruples of powdered ipecac in the same way as the other medicine had been given. At eleven o'clock P. M. Mr. A. was desperately sick at the stomach; thought he was dying; sent for his physicians; more whisky ordered.

December 13th: He was very sick at the stomach and threw up some dark "bilious matter;" no more medicine that morning; Dr. McKinley pressed more whisky upon the patient. About ten A. M. he thought something had been put into the whisky to make him sick. A messenger was sent to his brother-in-law, who procured him a quart of the best whisky to be had, but he never tasted it. About one o'clock he requested his wife to remove all liquor out

of his bed-room, as he had turned against it. He has never tasted any since; his taste for it was entirely gone, and has never returned. Evening: He ate some milk and crackers after his stomach settled; has no nausea now; had twenty-five grains of chloral in comp. spts. of lavender.

December 15th, morning: Had eight hours' sleep. Bowels continue to move, discharges very offensive; kidneys act, swelling of abdomen about the same, although there is more gas and less water. At six A. M. Dr. McKinley commenced giving him grain doses of ipecac every hour, dropped dry on the tongue; gave him no food; although slightly nauseated all the time he did not vomit; gave the last dose of ipecac at noon; to have hot milk and cracker when his stomach will receive it. Evening: Patient improving, pulse good, bowels moved several times, no medicine; next day, 15th, losing flesh rapidly, no medicine.

December 16th: Takes hourly doses of ipecac, with one grain calomel in each of the first three doses in the forenoon; bowels moved twice.

December 17th: Abdominal dropsy all gone; patient up and dressed and down stairs; appetite good; tongue nearly normal; commences to-day to take syrup of the iodide of iron, two ounces in six ounces simple syrup, to take a tablespoonful before each meal, and to return the same amount of water to the bottle after each dose; when it becomes tasteless, to commence with the common tincture of iron, two ounces in six of syrup, and take in the same way, keeping the bottle always full by adding water after each dose.

His recovery was complete, and there has been *no return of his appetite for alcoholic drinks.*

Dr. McElroy's conclusions from this case, and many others reported by Dr. McKinley, are as follows:

"First, That medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty as relief from any other pathological condition.

"Second, That what is done by specialists in the treatment of chronic drunkenness can and should be done equally well by the profession at large.

"Third, That reformation by the aid of medicine has a solid and real foundation in changes of structure on which appetite depends, which purely moral reformations lack, and are, therefore, less permanent."—*St. Louis Clinical Record.*

Removal of Tonsils.—The following extract is made from Dr. J. Mason Warren's volume on Surgical Observations. The number of cases mentioned in which he operated is singular. We do not believe that the tonsils have been removed "five hundred to one thousand times" in the experience of all the surgeons in Kentucky:

"I know no minor operation in surgery that affords greater relief and more satisfactory results than this one. I have performed it from five hundred to one thousand times, and have never lost a single patient nor had a single case of dangerous hemorrhage; and in but two cases have I seen any such accident: both did well. The cases were not taken indiscriminately, nor was the operation performed save where the symptoms were more or less urgent, and other remedies had failed in affording relief. Many of these patients were brought from a distance, on account of the importance and severity of the disease.

"In almost every instance the symptoms were at once relieved; the patient was able to take his food with comfort, to sleep better, and exchanged a pallid and depressed aspect for a healthy and animated appearance, gaining rapidly in flesh as soon as a proper amount of oxygen was allowed to penetrate to the lungs.

"In four or five instances only have I been obliged to repeat the operation. The whole of the tonsil never is, nor ought to be, removed. When the enlargement is very great and irregular it sometimes extends down the throat, with a broad base, and it is not possible to embrace at once in the instrument as much of the gland as it would be desirable to remove, and the apex only is excised. The consequence is that the lower portion afterward rises up and comes into view, causing obstruction, and requiring another operation. These cases were, however, very exceptional. Once I saw death occur from enlargement of the tonsils.

"In the Philadelphia Medical Examiner, 1846, I published an account of certain deformities of the chest attended with an enlargement of the tonsils. The substance of the paper is contained in the following remarks:

"In 1827 M. Dupuytren published a paper upon the lateral depression of the parietes of the chest, consisting of a depression more or less great of the ribs on one side, and a proportionate protrusion of the sternum in front, accompanied by some antero-posterior curvature of the vertebral column.

"In 1827, shortly after the publication of this paper, Mr. Coalson, of London, published some cases in confirmation of those given by Dupuytren; adding, also, three cases of his own, of a deformity of the chest, different from that before described, the sternum being concave anteriorly, the sides of the chest very prominent, and the spinal column but slightly, if in any degree, altered from its natural shape.

"In the three cases appended to the paper of Mr. Coalson, and three of the four cases of M. Dupuytren, enlargement of the tonsils existed; but in none of them does it appear that removal of these organs was practiced; so that we can not judge what the

effect would have been on the symptoms referred to the chest had this operation been done.

"So far as my own experience goes, this condition of the chest is partly mechanical, partly constitutional; being in a great measure caused, in delicate subjects, by the difficulty of respiration from the obstruction in the throat, improving immediately when this is removed.

"The operation, as performed by the present improved instrument, is instantaneous, not attended with much pain; in no case is there any considerable hemorrhage; usually nothing more than a few mouthfuls of blood are discharged. The patients are able to return home and resume their ordinary occupations as if nothing uncommon had occurred, only a slight soreness being experienced for a few days."

Electrolytic Treatment of Malignant Tumors.—Dr. Geo. M. Beard, of New York, presents the following conclusions on this subject, as justified by experience up to the present date:

"1. In all or nearly all cases the pain can be relieved, even in the latest stages.

"This may be accomplished oftentimes by simple external galvanization without electrolysis.

"2. In a certain proportion of cases, taken early, malignant growths may be temporarily or permanently arrested, so that patients are free from pain and from all severe annoyance, although the tumors are but little or not at all diminished in size. A number of cases of this kind have been under my care, and some of them are yet under my observation.

"One case in particular I recall, of a lady who for thirteen years has carried what is supposed to be a cancer in the breast, which five years ago seemed to be taking a new start; but external galvanization alone appeared to arrest the progress of the malady, and the patient is living to-day, although the tumor exists and is not at all diminished in size.

"In another case of malignant cystic of the breast electrolysis caused evacuation of the fluid and subsequent shrinkage of the tumor to about one third of the original size; at which point it has remained for three years, causing, at last accounts, no annoyance.

"In cases like the above there is room for errors in diagnosis, and also the consideration that some tumors that prove to be malignant, even when not treated, are stationary for years, is to be noted. In the cases here referred to, however, there was no difference of judgment among the many surgeons who saw them, and in the latter case an operation was earnestly and unanimously advised.

"3. Malignant cystics, like epithelioma, may be treated successfully in many cases by electrolysis of the base, the body of the tumor being neglected.—*Pacific Med. and Surg. Jour.*